

VERIFICATION OF TRANSFER OF TEFAP COMMODITIES TO A PANTRY, SOUP KITCHEN OR SHELTER

Use of form: This form **must** be used: a) by the EFO to verify the transfer of TEFAP commodities from the EFO's possession to a food pantry, soup kitchen, or shelter; or, b) to document the transfer of commodities within your agency's service area.

Instructions: After the form is completed and signed, make a copy for your records. You must also provide a copy to the food pantry, soup kitchen, or shelter receiving TEFAP commodities. **Do not submit this form to the Department of Health and Family Services.**

Name of EFO to Which Commodities Were Allocated

EFO Street Address

City

Zip code

Receiving Agency is a: (Check one only)

☐ pantry ☐ soup kitchen ☐ shelter

Name of Pantry, Soup Kitchen or Shelter Receiving TEFAP Commodities

Pantry, Soup Kitchen or Shelter Street Address

City

Zip code

County

In each category below indicate the number of **cases** of TEFAP commodities received from the EFO.

TEFAP Commodity								
TEFAP Code								
Pack Size								
Number of cases received from the provider agency								
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SIGNATURE - Authorized Representative of Pantry, Soup Kitchen or Shelter

Date of Receipt

SIGNATURE - Authorized Representative of EFO

Date of Transfer